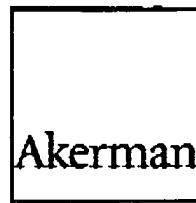




FEB 14 2006 11:28AM FROM AKERMAN SENTERFITT

5616596313

T-840 P.01/04 F-981



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### FAX COVER SHEET

From: Pablo Meles

Date: February 14, 2006

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PLEASE DELIVER 4 PAGE(S) (including cover sheet) TO:

Name: Issue Fee

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Please call (561) 653-5000, Ext. 3308 if you do not receive all the pages.

#### Comments/Special Instructions

#### METHOD AND APPARATUS FOR CONTENT BLOCKING - 10/039,324

Please find attached formal papers relating to the Issue Fee in connection with the above-referenced patent application. Please charge issue fee of \$1000.00 and any additional fee(s) or underpayments of fee(s) to deposit account number 50-0951 - AKERMAN SENTERFITT.

Thank you

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1WP285721,11



FROM-AKERMAN SENTERFITT

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T-840 P.03/04 F-881

PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

## Fee Transmittal For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
1000.00

**Complete If Known**

Application Number	10/039,324
Filing Date	12/31/2001
First Named Inventor	Rindsberg, M.
Examiner Name	Le, Danh C.
Art Unit	2683
Attorney Docket No.	7042-10

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify) \_\_\_\_\_

Deposit Account Deposit Account Number 50-0951 Deposit Account Name Akerman Senterfitt

For the above-identified deposit account, the Director is hereby authorized to. (check all that apply)

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Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

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**FEES CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissues	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES**

Fee Description

Each claim over 20 (including Reissues)

Small Entity Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

\_\_\_\_\_

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Issue Fee and Publication Fee

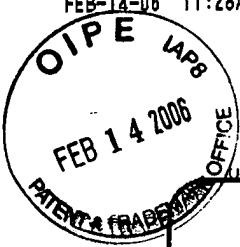
1,000.00

**SUBMITTED BY**

Signature	<i>Pablo Meles</i>	Registration No. 33,739 (Attorney/Agent)	Telephone 561-653-5000
Name (Print/Type)	Pablo Meles		Date 02/14/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (08-04)  
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## TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission 3

Application Number	10/039,324
Filing Date	12/31/2001
First Named Inventor	Rindspers
Art Unit	2883
Examiner Name	Le, Danh C
Attorney Docket Number	7042-10

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AKERMAN SENTERFITT		
Signature			
Printed name	Pablo Mates		
Date	February 14, 2006	Reg. No.	33,739

### CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Pablo Mates	Date	February 14, 2006

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